

**U.S. Department of Justice
United States Marshals Service**

PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

PLAINTIFF	SANDY J. PATTIESTA	COURT CASE NUMBER	05-11456-BPM
DEFENDANT	GREGORY J. HUGHES, LICEN (Regional Administrator)	TYPE OF PROCESS	
SERVE → AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Department of Correction - Health Services Division ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 50 Maple Street, Suite 3, Milford, Mass. 01757-3698		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:		Number of process to be served with this Form - 285	1
<input type="text"/> Sandy J. Pattiesta, #M-15000 Milford Treatment Center 50 Maple Street Milford, Mass. 01757-3698		Number of parties to be served in this case	6
		Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

Fold

Defendant, Gregory J. Hughes, is a licensed Certified Social Worker. He is the Regional Administrator with the Department of Correction Health Services Division. Alternative service may be directed upon defendant Kathleen M. Dennehy's current address if exp�ement.

Signature of Attorney or other Originator requesting service on behalf of:	<input checked="" type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER	DATE
<i>Sandy J. Pattiesta</i>	<input type="checkbox"/> DEFENDANT	---	7/19/05

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process 1	District of Origin No. 38	District to Serve No. 38	Signature of Authorized USMS Deputy or Clerk <i>Kathy DeLuccia</i>	Date 7/26/05
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I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above) <i>Cile Ryan, Clerk</i>	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.	
Address (complete only if different than shown above) <i>12 Administration Rd Bridgewater, MA.</i>	Date of Service 7/19/05	Time 9:30
<input type="checkbox"/> pm		
Signature of U.S. Marshal or Deputy <i>T. Bryan</i>		

Service Fee 90.00	Total Mileage Charges (including endeavors) —	Forwarding Fee —	Total Charges 90	Advance Deposits —	Amount owed to U.S. Marshal —	Amount of Refund —
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REMARKS:

*① 8/8 attempted at Milford would not accept service
② Serve at 12 administration Road Tolbot Bldg. Bridgewater*

UNITED STATES DISTRICT COURT

District of

Massachusetts

*Sandy J. Battista,
Plaintiff
v.*

Kathleen Dennohy, et al

SUMMONS IN A CIVIL CASE

CASE NUMBER:

C.A. 05-11456-DPW

TO: (Name and address of Defendant)

*Gregory J. Hughes, LICSW
Dept. of Com. - Health Services Division
50 Maple Street - Suite 3
Milford, MA 01757*

YOU ARE HEREBY SUMMONED and required to serve upon PLAINTIFF'S ATTORNEY (name and address)

*Sandy J. Battista, Pro se # M-15930
MASS. Treatment Center
30 Administration Rd.
Bridgewater, Mass. 02324-3230*

an answer to the complaint which is herewith served upon you, within 20 days after service of this summons upon you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. You must also file your answer with the Clerk of the Court within a reasonable period of time after service.

SARAH A. THORNTON

CLERK

7/13/05

DATE

Rebecca Greenley
(By) DEPUTY CLERK

RETURN OF SERVICE

Service of the Summons and complaint was made by me ⁽¹⁾	DATE <i>8-09-2005</i>
NAME OF SERVER (PRINT) <i>Thomas Bezanson</i>	TITLE <i>Supervisory Deputy U.S. Marshal</i>
Check one box below to indicate appropriate method of service	

Served personally upon the third-party defendant. Place where served: _____

Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein.

Name of person with whom the summons and complaint were left: _____

Returned unexecuted: _____

Other (specify): *Oile Ryan, Clerk
102 Administration Rd.
Bridgewater, MA*

STATEMENT OF SERVICE FEES

TRAVEL	SERVICES	TOTAL

DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed on 8/9/05

Date

T. Ryan
Signature of Server

UNITED STATES MARSHALS SERVICE
HAROLD D. DONOHUE FEDERAL BLDG.
Address of Server
 595 MAIN STREET
 WORCESTER, MA 01608

(1) As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure.